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1. CORRESPONDENCE ADDRESS

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12M2/0430

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

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RECEIVED

Publishing Division

JUN 21 1996

GP Check if additional changes are on reverse side

NO

DATE MAILED

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS (S/3)	EXAMINER AND GROUP ART UNIT	DATE MAILED
First Named Applicant 087449,066	05/24/795	005	CRIARES	04/30/96

TITLE OF INVENTION DIEHL, HARRY W.

METHOD FOR THE TREATMENT OF OSTEOARTHRITIS-ARTHRITIS
(AS AMENDED)

(Title corrected by Rule 312 Amendment)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 X- 060 JS 07/11/96 087449066	514-549.100	299	Utility Model Filing Fees	\$625.00	07/30/96	

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1. James J. Brown

2. _____

3. _____

060 JS 07/11/96 087449066

1232

625.00

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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

OCTO EMPLOYEE BENEFITS INC COMPLETED FORM

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 Issue Fee Advance Order - # of Copies

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 Issue Fee Advance Order - # of Copies Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature) _____

(Date) 6/21/96

NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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